Type or print in ink. Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER California Democratic Party			Date of This Filing04/04/2019	Date Stamp	CALIFORNIA FORM 497		
REA CODE/PHONE NUMBER I.D. NUMBER (if applicable) 741666		Report No. LCR 190404		For Official Use Only			
STREET ADDRESS			Amendment to Report No.	Page 1 of 4			
CITY Sacramento	STATE CA	ZIP CODE 95811	(explain below) No. of Pages 4				
	_						

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
04/03/2019	California Dental Association PAC - All Purpose Account Sacramento, CA 95814	☐ IND ☐ COM ☐ OTH ☐ PTY		\$150,000.00
	ID# 742855	■ SCC		
04/03/2019	California State Council Of Laborers PAC Sacramento, CA 95814-4602	☐ IND ■ COM ☐ OTH ☐ PTY		\$19,400.00
	ID# 902770	SCC		
04/03/2019	California State Council Of Laborers PAC Sacramento, CA 95814-4602	☐ IND ■ COM ☐ OTH ☐ PTY		\$40,600.00
	ID# 902770	□ scc		

*Contributor Codes	
IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC) OTH - Other	SCC - Small Contributor Committee

Reason for Amendment:

Type or print in ink. Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER California Democratic Party	Date of This Filing04/04/2019	Date Stamp	CALIFORNIA 497		
AREA CODE/PHONE NUMBER	CODE/PHONE NUMBER I.D. NUMBER (if applicable) 741666			For Official Use Only	
STREET ADDRESS		Amendment to Report No.	Page 2 of 4		
CITY Sacramento	STATE ZIP COD CA 95811	(explain below) No. of Pages 4			

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
04/03/2019	California State Council Of Laborers PAC Sacramento, CA 95814-4602 ID# 902770	☐ IND ■ COM □ OTH □ PTY □ SCC		\$25,000.00
04/03/2019	Friends of Marc Levine for Assembly 2020 Novato, CA 94949 ID# 1413873	□ IND ■ COM □ OTH □ PTY □ SCC		\$1,010.10
04/03/2019	Ghost Management Group LLC Irvine, CA 92618	□ IND □ COM ■ OTH □ PTY □ SCC		\$5,000.00

*Contributor Codes	
IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC) OTH - Other	SCC - Small Contributor Committee

Reason for Amendment:

Type or print in ink. Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER California Democratic Party				Date of This Filing _	04/04/2019	Date Stamp	CALIFORNIA 497	
AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable) 741666		e)	Report No. LCR 190404			For Official Use Only		
STREET ADDRESS				Amendment to Report No.		Page 3 of 4		
CITY Sacramento		STATE CA	ZIP CODE 95811	(explain below) No. of Pages 4				
Late Contrib	ution(s) Received			•				
DATE RECEIVED	FULL NAM	ME, MAILING ADDRESS A (IF COMMITTEE, AL	ND ZIP CODE OF CONTRIBU SO ENTER I.D. NUMBER)	JTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EM (IF SELF-EMPLOYED, ENTER NAME OF BU		AMOUNT RECEIVED
04/03/2019	Ghost Management Group Irvine, CA 92618	LLC			☐ IND ☐ COM ■ OTH ☐ PTY ☐ SCC			\$4,700.00
					☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			
					☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			
*Contributor Codes IND - Individual COM - Recipient C OTH - Other	ommittee (other than PTY o	PTY - Politi r SCC) SCC - Sma	cal Party Il Contributor Committee					

Reason for Amendment:

Type or print in ink. Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER California Democratic Party			Date of This Filing04/04/2019	Date Stamp	CALIFORNIA FORM 497	
AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable) 741666		Report NoLCR 190404		For Official Use Only		
STREET ADDRESS			Amendment to Report No. (explain below)	Page 4 of 4		
CITY STATE ZIP CODE Sacramento CA 95811			No. of Pages4			
Late Contri	bution(s) Made					
DATE MADE		LING ADDRESS AND ZIP CODE OF RECIPIENT COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTIO	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)	

Reason for Amendment: